## BEFORE THE APPEALS BOARD FOR THE KANSAS DIVISION OF WORKERS COMPENSATION

CATHERINE M. ALFERS ) Claimant )	
VS.	Docket No. 181,035
ATCHISON VALLEY HOPE ASSOCIATION ( ) Respondent	Docket No. 101,033
AND )	
LIBERTY MUTUAL INSURANCE COMPANY Insurance Carrier	

### ORDER

Respondent appeals from a February 14, 1995 Award rendered by Administrative Law Judge James R. Ward. The Appeals Board heard oral arguments on July 17, 1995.

#### **A**PPEARANCES

Claimant appeared by and through her attorney, Robert W. Harris, Kansas City, Kansas. The respondent and its insurance carrier appeared by and through their attorney, Maureen T. Shine, Kansas City, Kansas. There were no other appearances.

## RECORD AND STIPULATIONS

The Appeals Board has considered the record and adopted the stipulations listed in the Award. As a part of the record listed in the Award, the Appeals Board has considered the exhibits offered and introduced, including the extensive medical records relating to claimant's treatment.

#### ISSUES

In the application for review the respondent and its insurance carrier indicate that the issue to be considered on appeal is whether claimant sustained her burden of proving that the infarct of claimant's spinal cord and transverse myelitis were a result of her low back injury of July 25, 1995. In argument before the Appeals Board the respondent also indicated that they could not concede, even if the transverse myelitis was caused by the injury, that claimant suffered a permanent total disability.

## FINDINGS OF FACT AND CONCLUSIONS OF LAW

After reviewing the record and considering the arguments of the parties, the Appeals Board finds that the February 14, 1995 Award granting permanent total disability benefits should be affirmed.

Respondent does not dispute claimant's allegation and testimony that she suffered a low back strain on July 25, 1992 while lifting a patient in the course of her employment for respondent. The controversy relates instead to whether the subsequently diagnosed spinal cord infarction and transverse myelitis resulted from that work-related injury or whether, instead, from other causes and the timing was merely coincidental. A review of the expert records and expert medical testimony convinces the Appeals Board that the infarction and transverse myelitis probably or most likely resulted from the work-related injury.

Claimant and respondent each introduced testimony relating to the cause of claimant's spinal infarct and transverse myelitis. Dr. Bernard M. Abrams testified on behalf of respondent that, in his opinion, the timing of the infarct and transverse myelitis was coincidental and not related to a work injury. Dr. Gregory L. Pucci, a neurosurgeon, testified, on the other hand, that, in his opinion, the work-related injury caused the infarct and transverse myelitis. The Appeals Board finds the opinions expressed by Dr. Pucci to be better supported and his testimony to be more convincing. Dr. Abrams postulates two possible explanations for the conditions, a viral infection and vascular occlusion. He acknowledges that there is no evidence of a virus. He, therefore, concludes the more likely possibility is vascular occlusion. He does not suggest any explanation for the vascular occlusion, but concludes it was not caused by a work-related injury. Dr. Pucci, on the other hand, testifies that claimant's condition, which he labels cauda equina syndrome, was a direct result of a trauma. He explains that, in his opinion, claimant's injury stretched the artery from the aorta to the spinal cord at T-10 causing spasm which deprived the spinal cord of adequate blood supply. Although not deposed, two of the treating physicians, Dr. Chen and Dr. Mills, express opinions in their records which also support the conclusion reached by Dr. Pucci that the symptoms referred to collectively as cauda equina syndrome were caused by the work injury. On the basis of these opinions, and most specifically that of Dr. Pucci, the Appeals Board concludes more probably than not claimant's spinal cord injury resulted from and was caused by the injury at work.

As indicated, the respondent did not concede that claimant's condition resulted in permanent total disability. The Appeals Board, however, agrees with the conclusion by the Administrative Law Judge that claimant's injury did result in a permanent total disability. Both Dr. Abrams and Dr. Pucci concluded that claimant is essentially unemployable. She has nerve damage resulting in near paralysis of both lower extremities and a permanent bowel and bladder incontinence. Mr. Richard Santner, a vocational rehabilitation counselor, testified that he did not feel she could be placed in any employment that she would be able to perform and retain. Although, theoretically, she might be able to do some limited work on a part-time basis, he did not believe she was capable of engaging in any substantial and gainful employment. Upon a review of the record as a whole, the Appeals Board finds and concludes that claimant has suffered a work-related injury which resulted in permanent total disability.

#### AWARD

WHEREFORE, AN AWARD OF COMPENSATION IS HEREBY MADE in favor of claimant, Catherine Elaine Alfers, and against respondent, Valley Hope Association, and its insurance carrier, Liberty Mutual Insurance Company, for a combination of temporary total disability compensation and permanent total disability compensation at the rate of \$299.00 per week, not to exceed a combined total of \$125,000.

As of August 11, 1995, there would be due and owing claimant the sum of \$47,541.00, payable in one lump sum, less compensation heretofore paid. Thereafter, the balance of compensation in the amount of \$77,459.00, is payable at the rate of \$299.00 per week for 259.06 weeks unless otherwise ordered.

Further award is made that respondent reimburse claimant the sum of \$2.471.72 for \$156.76 in Y.M.C.A. membership for pool therapy prescribed by Philip R. Mills, M.D.; \$86.59 for shoes and cane prescribed by Steve J. Siteck, D.P.M.; \$167.90 for prescriptions; and \$2,060.48 for medical mileage.

Further award is made that respondent and insurance carrier pay \$350.00 in unauthorized medical expense.

Further award is made that respondent and insurance carrier pay all medical expenses as a result of claimant's accidental injury of July 25, 1992, for all of the medical treatment claimant has received in connection with the accidental injury of July 25, 1992, including that for physical therapy for back pain and any treatment flowing from claimant's cauda equina syndrome, including decreased sensation in her feet and the infected callous and subsequent cellulitis, antibiotic therapy and whirlpool therapy, as well as any treatment necessitated by claimant's incontinence of her bladder and bowels.

Future medical treatment is granted claimant for treatment concerning the effects of her July 25, 1992 accidental injury, including current prescriptions and medications, medical mileage expense, continuing doctor visits, the need for special shoes and walking apparatus, treatment of skin and foot problems as a result of the effects of claimant's injury and any other need for medical treatment or supplies resulting from said accidental injury.

Claimant's attorneys are granted a lien against the proceeds of this award for fees consistent with K.S.A. 44-536.

Reporters' fees are assessed as costs against the respondent and insurance carrier to be paid direct as follows:

> Curtis, Schloetzer, Hedberg, Foster & Associates \$214.90

July L. Ragsdale, Registered Professional Reporter

\$150.00 (Bernard Abrams. MD Deposition) and Amount Unknown (Karen Sherwood Deposition)

Gene Dolginoff Associates, Ltd. \$802.80

IT IS SO ORDERED.

Dated this \_\_\_\_ day of July 1995.

BOARD MEMBER

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c: Robert W. Harris, Topeka, Kansas Maureen T. Shine, Overland Park, Kansas James R. Ward, Administrative Law Judge David A. Shufelt, Acting Director